

Community Development Block Grant Program

GRANTEE PERFORMANCE REPORT

For period 7/1/_____ to 6/30/_____

Coversheet/CertificationGeneral Information:Jurisdiction: _____ Annual *or* _____ Final GPRGrant # or RLA Name: _____ If grant, check type: _____ General _____ Economic Dev.
_____ Colonias _____ Native American

Address of Jurisdiction: _____

Name of Preparer: _____

Title: _____

Phone: _____

Checklist of Contents: *(include all parts applicable to your grant/RLA type)*

	<u>Activity 1</u>		<u>Activity 2</u>		<u>Activity 3</u>		<u>Activity 4</u>	
	Inc.	N/A	Inc.	N/A	Inc.	N/A	Inc.	N/A
Coversheet/Certification								
Part 1. Common Demographics								
Part 2. Housing Activities								
Part 3. Public Works Activities								
Part 4. Public Services and Community Facilities Activities								
Part 5. Economic Development Activities								
Part 6. Displacement/Replacement Information								

Certification:

I have reviewed the enclosed data and certify that to the best of my knowledge these data are true and accurate and the supporting records will be maintained and are available for State review.

Signature of Authorized Representative_____
Printed Name and Title_____
Date

Jurisdiction: _____

Grant No./RLA: _____

Part 1. Common Demographics *(List all activities (ED & General) under this grant being reported on during this period)*

Contract Activity	HUD Matrix Code	Accomplishment Type <i>(choose one for each activity reported on)</i>				Number of Beneficiaries This Period	Number of TIG Beneficiaries This Period	FINAL GPR ONLY	
		Households ¹	Persons ²	Jobs ³	Clients ⁴			Total Beneficiaries During Entire Grant	Total TIG Beneficiaries During Entire Grant
1.									
2.									
3.									
4.									

Accomplishment Narrative: *(significant changes, problems encountered, milestones met, etc.)*

Activity 1: _____

Activity 2: _____

Activity 3: _____

Activity 4: _____

Contractor Information: *(Provide the total value of contract(s) between the grantee and contractors⁵)*

Firm Owned Wholly or in Substantial Part By:	Value of Contract(s)
Minority Group Members	\$
Women	\$
Other	\$

¹ Choose households if the activity is Housing Rehabilitation, New Construction, Acquisition, or Public Works.

² Choose persons if the activity is Community Facilities or Public Services.

³ Choose jobs if the activity is Economic Development.

⁴ Choose clients if the activity is Microenterprise Assistance.

⁵ Do not list contracts between beneficiaries and contracts (i.e., housing rehabilitation).

Jurisdiction: _____

Grant No./RLA: _____

Part 2. Housing ActivitiesContract Activity: *(choose one)*☐ Housing Rehabilitation☐ Housing New Construction☐ Housing Acquisition

<u>Beneficiaries by Income Group:</u> <i>(During this report period)</i>		Owners <i>(households)</i>	Renters <i>(households)</i>
a. Total TIG (Low/Mod) Beneficiaries:	(51-80%) ¹		
b. Total LTIG (Lowest Income) Beneficiaries:	(31-50%)		
c. Total VLTIG (Very Lowest Income) Beneficiaries	(≤30%)		
d. Total Non-TIG Beneficiaries:	(>80%)		
TOTAL:			

Beneficiaries by Ethnicity: *(During this report period)*

RACE CATEGORIES		ETHNICITY
Race	Number of Households	Number that are also Hispanic
American Indian or Alaska Native		
Asian		
African American or Black		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
African American or Black <i>and</i> White		
American Indian of Alaska Native <i>and</i> African American or Black		
Balance/Other		
TOTAL:		

Number of Female-Headed Households: _____

Number of Handicapped Beneficiaries: _____

¹ Median Family Income

Jurisdiction: _____

Grant No./RLA: _____

LEVERAGE: *(Housing Activities Only - During this report period)*

	Housing Rehabilitation	Housing New Construction	Housing Acquisition	Total by Source
Local	\$	\$	\$	\$
Private	\$	\$	\$	\$
Total: All Leverage	\$	\$	\$	\$

FEDERAL AND STATE FUNDING: *(Housing Activities Only - During this report period)*

	Housing Rehabilitation	Housing New Construction	Housing Acquisition	Total by Source
Federal	\$	\$	\$	\$
State	\$	\$	\$	\$
Total: All Federal & State	\$	\$	\$	\$

Multi-Unit Activities: ***FOR MULTI-FAMILY HOUSING UNIT ACTIVITIES ONLY***

	Total		Occupied		Occupied TIG (Low/Mod)	
	Owner	Renter	Owner	Renter	Owner	Renter
a. Units at start of project						
b. Units at completion of project						

Part 3. Public Works Activities

Beneficiary Information: *(During this report period)*

Type of Project	Households Assisted During Report Period ¹	Households Completed During Report Period ²
Solid Waste Improvements		
Flood Drain Improvements		
Water Improvements		
Street Improvements		
Sidewalk Improvements		
Sewer Improvements		
Asbestos Removal		
Other <i>(please specify)</i>		

Beneficiaries by Ethnicity: *(During this report period)*

RACE CATEGORIES		ETHNICITY
Race	Number of Households	Number that are also Hispanic
American Indian or Alaska Native		
Asian		
African American or Black		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
African American or Black <i>and</i> White		
American Indian of Alaska Native <i>and</i> African American or Black		
Balance/Other		
TOTAL		

Number of Female-Headed Households: _____ Number of Handicapped Beneficiaries: _____

Service Area Benefit³:

Percentage of TIG (Low/Mod) in service area: _____ %

How was the percentage of TIG (low/moderate income) persons residing in the service area determined? ☐ Survey **or** ☐ Census Tract

If census tract, please provide following information:

Census Tract _____ Block Group(s) _____

¹ Direct assistance to individual households that has not been completed.
² Either direct assistance to individual households that has been completed, or area wide benefit to households where project is completed (Final GPR).
³ This only applies to Public Works projects where benefit is area wide and not directly to individual households (i.e., sewer line, water line, flood control, etc.)

Jurisdiction: _____

Grant No./RLA: _____

Part 4. Community Facilities and Public Services Activities

Community Facilities Beneficiary Information: *(During this report period)*

Type of Project	Persons Assisted During Report Period	Persons Assisted During Completion of Project (FINAL GPR ONLY)
Senior Centers		
Homeless Centers		
Youth Centers		
Community Centers		
Child Care Centers		
Parks and/or Recreation Facilities		
Health Facilities		
Abused/Neglect Facilities		
Food Banks		
Other <i>(please specify)</i>		

Public Services Beneficiary Information: *(During this report period)*

Type of Project	Persons Assisted During Report Period	Persons Assisted During Completion of Project (FINAL GPR ONLY)
Senior Services		
Handicapped Services		
Youth Services		
Transportation Services		
Substance Abuse Services		
Employment Training		
Child Care Services		
Health Services		
Other <i>(please specify)</i>		

Jurisdiction: _____

Grant No./RLA: _____

Beneficiaries by Ethnicity: *(During this report period)*

RACE CATEGORIES		ETHNICITY
Race	Number of Persons	Number that are also Hispanic
American Indian or Alaska Native		
Asian		
African American or Black		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
African American or Black <i>and</i> White		
American Indian of Alaska Native <i>and</i> African American or Black		
Balance/Other		
TOTAL:		

Number of Handicapped Beneficiaries: _____

Number of Homeless Beneficiaries: _____ Individuals _____ Families

Is this activity income restricted? ☐ Yes ☐ No

(If you answered yes, stop here. If you answered no, provide the information requested below)

Presumed Benefit (*limited clientele*) Information:

Are the beneficiaries of the Community Facility and/or Public Service activity members of one or more of the following groups? (*please mark each one that applies*)

- ☐ Severely Disabled ☐ Homeless Persons (Includes Battered Spouses)
☐ Illiterate Adults ☐ Persons Living With AIDS ☐ Migrant
 Farmworkers

OR

Service Area Benefit:

Percentage of TIG (Low/Mod) in service area: _____ %

How was the percentage of TIG (low/moderate income) persons residing in the service area determined? ☐ Survey **or** ☐ Census Tract

If census tract, please provide following information:

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Jurisdiction: _____

Grant No./RLA: _____

Part 5. Economic Development Activities

Number of Jobs Created/Retained: *(During this report period)*

	Total Job Count			
	Full Time Jobs	Full Time TIG Jobs	Part Time Jobs ⁶	Part Time TIG Jobs ⁷
a. Jobs Created				
b. Jobs Retained				

Number of Businesses Assisted: *(During this report period)*

New Businesses: _____

Existing Businesses: _____

Number of Clients Assisted: *(Microenterprise Assistance Only)* _____

Beneficiaries by Ethnicity: *(During this report period)*

RACE CATEGORIES		ETHNICITY
Race	Number of Persons	Number that are also Hispanic
American Indian or Alaska Native		
Asian		
African American or Black		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
African American or Black <i>and</i> White		
American Indian of Alaska Native <i>and</i> African American or Black		
Balance/Other		
TOTAL:		

Number of Handicapped Beneficiaries: _____

If the activity does not meet the National Objective for TIG benefit, does the National Objective meet the Slum Blight Area's Objective⁸? ☐ Yes ☐ No

If yes, please provide the following information:

Percent of deteriorated houses _____% SBA designator year _____

Public Improvement Type/Condition: _____

Boundaries: _____

⁶ Provides at least 875 work hours.

⁷ Provides at least 875 work hours to TIG individuals.

⁸ Pertains only to Program Income and Economic Development activities.

Part 6. Displacement/Replacement Information

CDBG Displacement

Census Tract: _____ City: _____

Race (Ethnicity)Categories	a. Number Displaced		b. Number Remaining		c. Number Relocated	
	R ⁹	O ¹⁰	R	O	R	O
American Indian or Native American						
American Indian or Native American (if also Hispanic)						
Asian						
Asian (if also Hispanic)						
African American or Black						
African American or Black (if also Hispanic)						
Native Hawaiian or Alaska Native <i>and</i> White						
Native Hawaiian or Alaska Native <i>and</i> White (if also Hispanic)						
Asian and White						
Asian and White (if also Hispanic)						
African American or Black <i>and</i> White						
African American or Black <i>and</i> White (if also Hispanic)						
American Indian or Alaska Native <i>and</i> African American or Black						
American Indian or Alaska Native <i>and</i> African American or Black (if also Hispanic)						
Balance/Other						
Balance/Other (if also Hispanic)						

⁹ Renter

¹⁰ Owner

One for One Replacement

Demolished-Converted street address:

Number of bedroom units:	0/1	2	3	4	5
	_____	_____	_____	_____	_____

Date agreement executed:	_____	/	_____	/	_____
--------------------------	-------	---	-------	---	-------

Replacement street address:

Number of bedroom units:	0/1	2	3	4	5
	_____	_____	_____	_____	_____

Available date:	_____	/	_____	/	_____
-----------------	-------	---	-------	---	-------